

CASE 0:14-cv-03975-DWF-SER Document 17-1 Filed 03/30/15 Page 1 of 10  
U.S. Department of Justice  
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	Aaron Olson	COURT CASE NUMBER	14-CV-3975(DWF/SER)
DEFENDANT	Christopher Kepel, et al	TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Officer Ron Rollins, North Branch Police Dept.		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 6408 Elm Street, North Branch MN 55056		

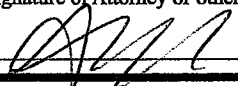
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	
Please return Affidavit of Service to Clerk's office only.	Number of parties to be served in this case	11
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

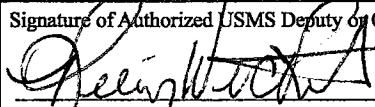
Fold

Fold

North Branch PD: 651-674-8848


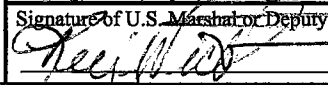
Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
		alolson@hotmail.com	3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	11	No. 41	No. 41		3-18-15

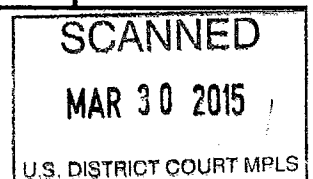
I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)	Date of Service	Time	am
	3-26-15	130	pm
	Signature of U.S. Marshal or Deputy		
			

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
130	45.00	—	—	—	175.00	—

REMARKS:



PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)

U.S. Department of Justice  
United States Marshals Service

CASE 0:14-cv-03975-DWF-SER Docu

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Aaron Olson</u>	COURT CASE NUMBER <u>14-CV-3975 (DWF/SER)</u>
DEFENDANT <u>Christopher Kopel, et al</u>	TYPE OF PROCESS <u>Civil</u>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Chicago County, County Attorney Janet Reiter</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>313 N. Main St., Rm 373, Center City, MN 55012</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Please return Affidavit of Service to Clerk's office only.</u>	
Number of process to be served with this Form - 285	
Number of parties to be served in this case <u>11</u>	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Fold

Janet Reiter: 651-213-8400

Signature of Attorney or other Originator requesting service on behalf of: <u>[Signature]</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>abolana@hotmail.com</u>	DATE <u>3/6/15</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>11</u>	District of Origin No. <u>41</u>	District to Serve No. <u>41</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>3-18-15</u>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Tara Iyer Recor-1</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>3-26-15</u>
	Time <u>2:30</u> <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee <u>130</u>	Total Mileage Charges (including endeavors) <u>56.00</u>	Forwarding Fee <u>—</u>	Total Charges <u>186.00</u>	Advance Deposits <u>—</u>	Amount owed to U.S. Marshal or <u>186.00</u>	Amount of Refund <u>—</u>
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)  
(Instructions Rev. 12/08)

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Aaron Olson		COURT CASE NUMBER	14-cv-3975 (DWF/SER)
DEFENDANT	Christopher Kopel, et al		TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
→	Todd McMurray, Chisago County Health and Human Services			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	313 North Main Street, Center City MN 55012			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
Please return Affidavit of Service to Clerk's office only.			Number of process to be served with this Form - 285	
			Number of parties to be served in this case	11
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Chisago County: 651-257-1300

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
		alolson@hotmail.com	3/6/15

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 11	District of Origin No. 41	District to Serve No. 41	Signature of Authorized USMS Deputy or Clerk 	Date 3-18-15
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and dis- cretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 3-26-15
	Time 2:30 pm
	Signature of U.S. Marshal or Deputy 

Service Fee 30.00	Total Mileage Charges (including endevoyors) <del>100.00</del> 550.00	Forwarding Fee	Total Charges 786.00	Advance Deposits	Amount owed to U.S. Marshal or \$786.00	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <i>Aaron Olson</i>	COURT CASE NUMBER <i>4W-3975 (DWF/SER)</i>
DEFENDANT <i>Christopher Kopel, et al</i>	TYPE OF PROCESS <i>Civil</i>
SERVE →	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>City of Fridley, Scott Lund</i>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>6431 University Ave NE, Fridley MN 55432</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return Affidavit of Service  
to Clerk's office only.

Number of process to be  
served with this Form - 285Number of parties to be  
served in this case

11

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Scott Lund: 763-571-3450

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*alolsona@hotmail.com**3/6/15***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

11

District  
of OriginNo. *41*District  
to ServeNo. *41*

Signature of Authorized USMS Deputy or Clerk

Date

*3-18-15*

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*Darin Nelson, Finance Dir*

Address (complete only if different than shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

Time

am

*3/20/15**1400**pm*

Signature of U.S. Marshal or Deputy

*[Signature]*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<i>\$65</i>	<i>\$11.20</i>	<i>—</i>	<i>\$76.20</i>	<i>—</i>	<i>\$76.20</i>	<i>—</i>

REMARKS:

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Arson Olson		COURT CASE NUMBER	14-CV-3975 (DWF/SER)
DEFENDANT	Christopher Kopel, et al		TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	Washington County, County Attorney Pete Orput			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	15015 62nd St. N., Stillwater MN 55082			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	
Please return affidavit of Service to Clerk's office only.			Number of parties to be served in this case	
			11	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Washington County: 651-430-6116

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
		alolson@hotmail.com	3/6/15

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	411	No. 41	No. 41		3-18-15

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		
<div> <div> <div>US MARSHALS SERVICE</div> <div>APR 11 2015</div> </div> <div> <div>APLS MN</div> </div> </div>		
Date of Service	Time	am
3/24/15	1800	PM
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$55	\$16.50	—	\$71.50	—	\$81.50	—

REMARKS:

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Aaron Olson		COURT CASE NUMBER	14-CV-3975(DWF/SER)
DEFENDANT	Christopher Kopel, et al		TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	Siv Yurichuk, Assistant County Attorney			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	15015 62nd St. N., Stillwater MN 55082			

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return affidavit of  
Service to Clerk's office only.Number of process to be  
served with this Form - 285Number of parties to be  
served in this case

11

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Washington County: 651-430-6116

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

olsona@hotmail.com

3/6/15

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

11

District  
of Origin

No. 41

District  
to Serve

No. 41

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

3-18-15

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Lisa Brysky, Adm

Address (complete only if different than shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

Time

am

3/24/15

1600

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$65	\$16.50	—	\$81.50	—	\$81.50	—

REMARKS:

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

U.S. Department of Justice  
United States Marshals Service

PLAINTIFF <u>Aaron Olson</u>	COURT CASE NUMBER <u>14-CV-3975 (DWF/SEA)</u>
DEFENDANT <u>Christopher Kopel, et al</u>	TYPE OF PROCESS <u>Civil</u>
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Officer Christopher Kopel, Stillwater PD</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>216 Fourth Street North, Stillwater MN 55082</u>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return affidavit of Service  
to Clerk's office only.

Number of process to be  
served with this Form - 285Number of parties to be  
served in this case

11

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Christopher Kopel : 651-351-4931

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

alolsona@hotmail.com 3/6/15
**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>11</u>	District of Origin No. <u>41</u>	District to Serve No. <u>41</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>3-18-15</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Alisa Hill, Adm

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time 1530 am

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee <u>\$165.00</u>	Total Mileage Charges (including endeavors) <u>\$16.80</u>	Forwarding Fee <u>—</u>	Total Charges <u>\$81.80</u>	Advance Deposits <u>—</u>	Amount owed to U.S. Marshal or <u>\$81.80</u>	Amount of Refund <u>—</u>
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Aaron Olson		COURT CASE NUMBER	14-CV-3975 (DWF/SER)
DEFENDANT	Christopher Kopel, et al		TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
AT	Officer Austin Peterson, Stillwater Police Dept.			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	216 Fourth Street North, Stillwater MN 55082			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	
Please return affidavit of Service to Clerk's office only.			Number of parties to be served in this case	
			11	
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Austin Peterson: 651-351-4938

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
		abolson@aol.com	3/6/15

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	11	No. 41	No. 41		3-18-15

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Alicia Hill, Admin			
Address (complete only if different than shown above)			
	Date of Service	Time	am
	3/20/15	1530	pm
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$67.00	\$16.80	—	\$81.80	—	\$81.80	—

REMARKS:



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <u>Aaron Olson</u>	COURT CASE NUMBER <u>14-CV-3975(DWF/SER)</u>						
DEFENDANT <u>Christopher Kopel, et al</u>	TYPE OF PROCESS <u>Civil</u>						
SERVE <b>NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN</b> ➔ <u>Karl Schreck, Minnesota Dept. of Human Services</u> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT <u>444 Lafayette Rd. N., St. Paul MN 55101</u>							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <div style="border: 1px solid black; padding: 10px; width: fit-content;">           Please return Affidavit of Service to Clerk's office only.         </div>							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><u>11</u></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form - 285		Number of parties to be served in this case	<u>11</u>	Check for service on U.S.A.	
Number of process to be served with this Form - 285							
Number of parties to be served in this case	<u>11</u>						
Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Karl Schreck! 651-431-3495

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

ablena@hotmail.com3/6/15**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>11</u>	District of Origin No. <u>41</u>	District to Serve No. <u>41</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>3-18-15</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

3/20/151615

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee <u>\$69</u>	Total Mileage Charges (including endeavors) <u>\$10</u>	Forwarding Fee <u>—</u>	Total Charges <u>\$79</u>	Advance Deposits <u>—</u>	Amount owed to U.S. Marshal or <u>\$79</u>	Amount of Refund <u>—</u>
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Aaron Olson	COURT CASE NUMBER	14-cv-3975(DWF/SER)
DEFENDANT	Christopher Kopel, et al	TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN City of Stillwater, Ted Kozlowski		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1207 Third Street North, Stillwater MN 55082		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return affidavit of  
Service to Clerk's office  
Only.

Number of process to be  
served with this Form - 285Number of parties to be  
served in this case

11

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Ted Kozlowski: 651-300-4993

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

aolsona@hotmail.com

3/6/15

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

11

District  
of Origin

No. 41

District  
to Serve

No. 41

Signature of Authorized USMS Deputy or Clerk

Date

3-18-15

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Diane Ward, Office Mgr

Address (complete only if different than shown above)

216 Fourth Street North  
Stillwater MN 55082☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

Time

am

3/24/15

1930

Signature of U.S. Marshal or Deputy

J. J. W. [Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$165	\$16.80	—	\$81.80	—	\$81.80	—

REMARKS: